BEHAVIORAL HEALTH TRANSFORMATION WORKGROUP

C.L. "BUTCH" OTTER, GOVERNOR
ARTHUR F. (SKIP) OPPENHEIMER, CHAIRMAN

May 12, 2010, 8 a.m. – 12:30 p.m.

Location: Cenarrusa Building, 450 W. State St., 10th fl. conf. rm., Boise

Members Present:

Skip Oppenheimer, Chairman
Dick Armstrong, Department of Health and Welfare
Ken Coll, Boise State University, Institute for the Study of Addiction
Sharon Burke, Office of Drug Policy
Sharon Harrigfeld, Department of Juvenile Corrections
Margaret Henbest, Consumer Representative
Samuel Hulse, Bonneville County Sheriff's Office
Dr. Charles Novak, Mental Health Service Delivery Representative
Tony Poinelli, Association of Counties
Patti Tobias for Chair of the Statewide Drug and Mental Health Court Coordinating Committee
Teresa Wolf, Idaho State Planning Council on Mental Health (via telephone)

Meeting observers are listed in Attachment A. Flip Chart Notes maintained during the meeting are transcribed and included as Attachment B. The Revised Draft Framework is included as Attachment C, and the visual as Attachment D.

MINUTES

Motion: Tony Poinelli moved (second by Sam Hulse) to accept the minutes of March 25, 2010.
Vote: Unanimous

DISCUSSION

BHTWG Chairman Skip Oppenheimer opened the meeting by inviting all BHTWG members and guests to introduce themselves. Skip initiated the discussion by pointing out that the Draft Framework to be discussed today is the product of the BHTWG's continuing effort to generate an execution strategy that moves the system toward the ultimate goal. The framework is informed by a significant body of information that has been available to the BHTWG, the recent Technical Panel discussion which brought additional focus and impetus to aspects of the work, the studied and ongoing work of a number of BHTWG subcommittees, and the continued work of the BHTWG. The Draft Framework is significant in that it outlines action to integrate mental health and substance abuse systems, and it enables capacity building for regional services and systemic supports as that integrated structure is generated.

Skip pointed out that the group's Facilitator, Marsha Bracke, has been visiting with BHTWG members to more fully capture and reflect the group's collective thinking and to articulate their

vision and action steps in a visual and written format. Skip invited Marsha to introduce the Draft Framework material.

Marsha provided an overview of an illustration which depicts the system as it currently exists and which BHTWG members confirmed in her meetings with them. The system specifically separates the two focuses and services - substance abuse and mental health. Contracts are let for one or the other service; existing legislated structures both at the regional and state level focus on one or the other need. The variety of contracts fragment services and perpetuate differing standards. The number of contracts illuminates some BHTWG members concerns that efficiencies may be lost in duplicative administrative costs and a loss of purchasing benefits that volume might provide. The situation underscores the challenge for consumers with co-occurring conditions to have to jump from one system to another.

Based on her discussion with BHTWG members, Marsha developed and presented two additional documents. The first was a pencil drawing reflecting the BHTWG proposed structure. The second was a written document intended to describe verbally what the visual was intended to depict.

The group discussed both at length. The Facilitator maintained a list of flip chart notes to document that discussion; the verbatim transcript included as Attachment B. BHTWG members articulated their appreciation for how the materials respond to the Technical Panel inputs and recommendations, the integration of mental health and substance abuse, the proposal for a transformation champion, the articulation of the guarantor's role, and the fact that this Draft Framework provides for specific action and structure to achieve a transformed system in a sustainable way.

Suggestions and points of discussion included:

- Patti Tobias pointed out that this Draft Framework mentions the Executive and Judicial branches as the workers who will get the transformation done. The Legislative Branch is a key partner in helping to secure this reality. That shared commitment should be articulated and shared. In an updated version of the strategic plan, Patti recommended articulating the shared vision and commitment of all three branches of government for transformation.
- Proposed strategies included developing legislation for a Statewide Behavioral Health Cooperative (Cooperative) and a Statewide Behavioral Health Planning Council (Planning Council). Another proposed strategy was to explore with stakeholders the opportunities afforded them by generating Regional Behavioral Health Community Development Boards (Regional Boards). Knowing that doing so would ultimately take legislation, there was a question about why this strategy didn't emphasize the legislation. Marsha reported that it was the sense of the group that at the state level the group could actively pursue a redesign of how they work together, but to secure the meaningful development of a regional system where the regions lead and drive the integration of services in their areas and the development of regional provider networks, and in recognition of the historical commitment and work regional bodies have done in the past, it is important to have regional stakeholders inform and develop that proposal.

Given the proposed regional construct and focused proposal, which provides regional stakeholders with specific material to provide input on, Ken Coll asked that the group discuss the outreach process and objectives during today's meeting.

- Margaret Henbest asked about the need to define a “region” vs. a “community" and to seek feedback on that point. Dick Armstrong suggested that the "size" of a region or community, whether that be a town, a county or a group of counties, is dependent on the size of the task (i.e. housing) that serves it and in the size of the population being served (there may be a minimum required to serve it adequately). Community size may differ depending on the task. The BHTWG will want to offer that clarification and invite stakeholders to discuss and inform it.
- Kathie Garrett pointed out that Medicaid is the major player. Recognizing that Director Armstrong was at the table, she asked that Medicaid be specifically included and incorporated in the transformation discussion as it moves forward. Others reiterated that suggestion during the course of the discussion.
- Much discussion ensued about the reference to a single statewide contract. As proposed, the contract was intended as one option through which 1) a contract administrator would be required to work with the regions to generate regional provider networks based on the needs, priorities and guidance of the Regional Boards, and 2) to offer a mechanism by which all payers could purchase services according to consistent standards with maximum purchasing power within the context of that regional design.

  Some found the concept confusing. Two other perceptions of how contracts would be let were presented. Senator Stegner said that he thought the intent of transformation was to have the Regional Boards be the recipients of the collective monies available from all the agencies and payers, and that the Regional Boards would contract with providers for services, thereby making the Regional Boards the decision-maker. He expressed concern that this Draft Framework proposed another structure where the state is making all the decisions.

  Charlie Novak thought that multiple individual contracts should be let to providers to respond to specific and unique needs of specific populations. He also proposed that regions and providers be encouraged to petition the state to provide the services they sought to provide (Charlie reports that this opportunity is already available via state code). He shared his concern that the state hospitals are the "sacred cows" which cost a lot of money and where efficiencies can be secured. Dick Armstrong pointed out efficiencies DHW was achieving within the state hospitals by combining DHW’s administration of in-patient and out-patient services. He also pointed out that moving people out of hospitals requires an adequate and safe community support system to assist them. This Draft Framework generates the opportunity to build those community supports on the regional level, thereby providing individuals increased opportunities to move out of hospitals and into their communities. Margaret Henbest pointed out that the system must effectively manage the population rather than just pay the bills.

  Regarding contracts, Dick Armstrong suggested that the numbers of contracts may change over time depending on the evolving capacity of the regional boards, and pointed out that there are a variety of opportunities and options which may evolve. Tony Poinelli reported that he is satisfied that the structure as proposed provides the regions the influence they need, and offers an efficiency that helps to ensure that monies lost to

duplicative administrative costs are minimized, thereby maximizing what goes into services. He doesn't want to create another bureaucracy. Margaret Henbest expressed a concern that letting a variety of smaller contracts to individual providers keeps the system fragmented. Dick Armstrong reminded the group that all the paying entities have their different and specific programmatic and reporting requirements. Medicaid requirements illuminate that point. Managing the funding requires the ability to accommodate Medicaid and other funders different reporting requirements. That capacity will need to be built into Regional Boards if that is the authority that they seek to have.

Marsha reminded the group that Charlie had been asking for the group to have access to copies of contracts to inform the group's work. Marsha secured copies of several contracts, including Texas and New Mexico. She pointed out that one statewide contract requires the administrator of the contract to generate regional networks and work directly with their regional bodies. It was pointed out that the Draft Framework Proposes that Regional Boards, with the ability to articulate their needs and priorities into the contract language, would be empowered to drive the development of their regional system (they don't all have to be identical), and still benefit from the collective purchasing power and consistent service standards afforded them through a contract vehicle. Regional Boards would also have a key role in the evaluation and contract modification process. The Provider Network can be required to work directly with the Regional Boards. Margaret Henbest said that securing a better understanding of what those kind of contracts have to offer would be helpful and would inform more effective communications.

Skip Oppenheimer said the Draft Framework is very specifically designed to enable regions to guide the development of the regional service delivery system. It generates and perpetuates an integrated structure, and it also provides for a process to build capacity so that a regionalized system can be realized. It enables Regional Boards to pursue funding and projects. Skip expressed his concern that this emphasis on contracts is focusing the discussion in a direction different than what the BHTWG intends. Marsha asked if there is a way to modify the reference to the "single statewide contract" or to create a better understanding of how the regions would drive the configuration of the regional provider network. The group asked that the reference to the "single statewide contract" be removed to preclude the same misunderstanding, to allow them the opportunity to better articulate what a contractual arrangement offers, and to acknowledge potential options and flexibilities as the process proceeds.

Before calling for a vote on the Draft Framework, each member of the BHTWG was asked to comment on their comfort level with the proposal. The Facilitator maintained a flip chart record of those comments, and while they are included in Attachment B - Flip Chart Notes, those notes are also duplicated here:

Tony:	In agreement with suggestions; am comfortable with regional role.
Sharon B.:	Like contract language out of framework out and maintain the intent for Project Manager to manage that function.
Ken:	Supportive. We need to develop a process to outreach to stakeholders; RFP good idea; question about how specific we get; project manager - indicate that this

person facilitates regional empowerment; change wording about contract but important to have standards and state be a guarantor of care.

Dick: Good; clarity helps.

Skip: Good; like design of system and a way to navigate to get there.

Sharon H.: Like the roadmap; like regional system with statewide standards; empowerment of locals.

Charlie: Nothing I can't live with but not there yet. If you want local involvement you have to let local RFPs. In Substance Abuse money is even more hidden with the current structure. Also need to capture local ideas, desires, initiatives to expand care and access. It would save money. I don't see how this helps that. Encourage regions to pursue contracts. Can let individual contracts for specific work and specific populations.

Discussion:

- Can project manager facilitate regional involvement?
- Existing framework allows for regions to contract. Block grant monies could be used to develop community supports when available.
- Concern that if we start letting a bunch of individual contracts for isolated pieces that we put ourselves right back where we are - with a fragmented system.

Patti: Moving in right direction; adjust language on contract and Medicaid; we're woefully underfunded - would achieve efficiencies and empower locals but doesn't solve the entire problem; glad that it reflects integration and panel input.

Sam: Agree; outreach would help us flesh this out.

Margaret: Like where we're going; take framework one more level to articulate tasks and levels of empowerment; break down elements of contract and how they empower regions for better understanding; need statements system deliver system and not devolve entirely to regions; standards.

Teresa: Providing clarity - define empowerment; more than one champion in this structure; regions have a better voice.

With an understanding that: the reference to a statewide contract would be removed from the framework; that a note to emphasize the important role of Medicaid would be added to the document; that the framework would continue to emphasize the intent for regional empowerment; and that there is power in the position of the Champion, Skip called for a motion.

> Motion: Charlie Novak moved (second by Ken Coll) to adopt the framework with the revisions proposed.
> Vote: Unanimous

Marsha will revise the Draft Framework to reflect this direction and send it to the group to confirm. Subsequent to that, a subcommittee will meet to take the Draft Framework to the next level of detail, outlining more specific tasks inherent to the roles and responsibilities articulated here. That subcommittee will include Margaret Henbest, Tony Poinelli, Sharon Burke, Dick

Armstrong, Charlie Novak and Sara Stover. Marsha will convene this subcommittee within the next several weeks, following the distribution and confirmation of the revised Draft Framework.

Other follow-up action items included intent to brief the Governor's staff and legislators about the decisions that have been made here today. Skip will take the lead on securing those briefings with these stakeholders.

Sharon Burke asked about forming a subcommittee to draft legislative language for the Cooperative (which the group proposes activates with a sunset of ICSA). Patti Tobias pointed out that the proposal should go to ICSA as well so that both groups can speak consistently. In response to a question about whether draft legislation for the Regional Boards should also be initiated, the group confirmed that the Regional Board legislation must and should wait until after the public outreach process. The Facilitator offered to come back to the subcommittee suggestion to explore a specific action item to this end prior to the conclusion of the meeting.

PUBLIC OUTREACH

Given the definition provided by the Draft Framework, BHTWG confirms that it is now poised to proceed with the development and deployment of a structured public outreach process. Using the experience of BHTWG members who have been speaking to groups, and the recent experience in Region 5 about which Margaret Henbest reported, the BHTWG ultimately articulated a desire to secure a contractor who would help create and implement the public outreach plan, to include the following elements:

- BHTWG members to make the presentations.
- Identify who we want feedback from.
- Conduct at least seven outreach meetings that seek out the entire region (not just RACs and RMHBs).
- Offer opportunities for structured oral and written feedback that channels and aggregates information.
- Utilize survey monkey as appropriate.
- Provide for scribing resources.
- Be intentional.
- Have a consistent scribing resource.
- Point out the consumer/family intersects in the framework/structure.
- Secure the endorsement of all three legislative branches and the Governor if possible
- Generate a Scope of Work and seek to implement the process beginning mid June.

Sharon Harrigfeld and Sara Stover took the action to develop and secure this agreement. The BHTWG confirmed that it would continue to make presentations as requested given the most current information that is available. Marsha distributed a table that listed the bulk of presentations that had been given to date as an informational item.

RESOURCE REQUIREMENTS

BHTWG discussed the work and resource requirements needed to complete their deliverables. While there is an interest in generating a report for the Governor as soon as possible, there is a desire to complete the public outreach process before seeking formal adoption of the proposal. Suggestions for securing the Transformation Champion/Project Manager and defining the legislative architecture beyond that of the Cooperative itself were proposed for pursuit after that outreach process concludes. Patti and Tony articulated a need for ongoing facilitation services to

ensure the completion of the BHTWG effort. Tony moved and Margaret seconded a motion to continue Marsha's facilitation contract through October to ensure the BHTWG effort is completed.

At this point, Marsha asked to be excused from the meeting. Skip led the discussion and Sara Stover scribed. Ultimately, the group made the following motion:

> Modified Motion: BHTWG will work to secure with Marsha one encumbrance/contract to include outreach, scribe and facilitation services to conclude no later than November 1, 2010.
> Vote: Unanimous

Sharon Harrigfeld and Sara Stover took the action to develop and secure this arrangement as modified.

At this time, Skip asked Marsha to return to the room to conclude the meeting.

ACTION ITEMS

1. Marsha and Skip Oppenheimer will revise the Draft Framework and distribute for confirmation.
2. Marsha will convene a subcommittee including Margaret Henbest, Tony Poinelli, Sharon Burke, Dick Armstrong, Sara Stover, and Charlie Novak to provide more detail specific to tasks to the Draft Framework.
3. Skip Oppenheimer, Dick Armstrong and Marsha will schedule a meeting with Governor's staff, legislators, and legislative services staff to share BHTWG progress.
4. Skip Oppenheimer and Marsha will generate a status report for the Governor to inform him of BHTWG direction and process to date.
5. Sharon Harrigfeld and Sara Stover will coordinate the development of a public outreach/facilitation scope of work to support the BHTWG through November 1, 2010.
6. Sharon Burke will work with ICSA to share the BHTWG proposal and coordinate language and efforts respective to the ICSA sunset.

Earlier in the meeting there was also a proposed action item to initiate work on legislative language respective to the Cooperative, particularly given the limited time available. A conclusion was not drawn in response to this suggestion (Marsha will follow-up with Skip and Sharon on this point).

NEXT MEETING
Subsequent meetings of the BHTWG are scheduled for

- Friday, June 11, 2010 and
- Thursday, July 15, 2010.

All meetings would go from 8 a.m. to 12:30 p.m. unless otherwise noticed.

BHTWG Meeting Observers

Name	Organization
Tracy Sessions	DHW - State Hospital South
Joe Stegner	Idaho Senate
Scott Tiffany	DHW
Dick Shultz	DHW
Greg Dickerson	Region 4 Mental Health Board
Bruce Krosch	Public Health Districts
Pat Guidry	Medicaid
Gary Moore	DHW - State Hospital North
Kathie Garrett	Idaho Council on Suicide Prevention
John Tanner	NAMI
Martha Tanner	NAMI

FLIP CHART NOTES

FEEDBACK: DRAFT FRAMEWORK

- Succinct and specific
- Question about outreach specific to RACS/RMHBs
- Like specificity of legislation
- Transformation champion - good
- Fleshes out guarantor
- Key to structure - get out and work with RACS/RMHBs in meaningful way
- Include vision to achieve this framework
- Articulate shared vision and commitment of all branches of government to transformation
- Clarify - legislate at state level; build consensus at regional
- Contract -nuances of numbers, etc., clarity would evolve - could be one or a number
- Add a bullet under Board
    - What is a region / community? A county/groups of counties?
    - Secure from stakeholders
    - depends on task - the more granular the smaller/tighter - community size differs per task (i.e. housing)
- Cooperative would gather the input - be lead and compile recommendations
- Champion - not just project manager - all agencies
- Seeking sustainability
- Concern "single statewide contract" and some managed care providers
- What about other players in the community?
- Concern - start peeling off individual contracts - more dollars disappear
- Manage population vs. just pay bills
- Want regions to have authority to make decisions
- Would state be making the decisions - want regions to have all the funding
- Medicaid (feds) prescribe benefits - specific reporting requirements
- Need to find a way to manage cost
- Managing the funding requires the ability to accommodate Medicaid and different reporting requirements
- Regions would have to respond to being a Medicaid provider
- In the proposed structure regions have their say into what contracts look like/ involved in evaluation / provider network is regional
- Feel like regions would have a lot of say
- Very much intended that regions guide their networks
- Regional provider networks contract
- Don't want to add bureaucracy
- Medicaid could help us
- Sacred cows - state hospitals
- Think about how regions could petition state to provide these services
- Would go through a number of iterations
- Where do they go for stabilization?

- Need safe, sustained housing and environment at community level - need help from communities
- Regions would respond by giving them leadership and control - concern that we are still dictating
- Can we modify reference to "single statewide contract" or create better understanding of how regions drive the regional network?
- Contract "administers" regionally based system
- Rework
- No preconceived notions
- Focus on provider network
- This conversation is focusing on the contract going in a direction and doing something that we don't intend
- Provider network and community supports equal continuum/core services
- Keep in mind - Medicaid influence

ROUND ROBIN RESPONSE TO DRAFT FRAMEWORK
(With clarification regarding role of contract or leaving it out and clarity regarding role of regional boards)

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Sharon B.:	Like contract language out of framework out and maintain the intent for Project Manager to manage that function.
Ken:	Supportive. We need to develop a process to outreach to stakeholders; RFP good idea; question about how specific we get; project manager - indicate that this person facilitates regional empowerment; change wording about contract but important to have standards and state be a guarantor of care.
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DRAFT FRAMEWORK CONCLUDING DISCUSSION

- Draft Framework specifically intended to encourage and empower regional boards to pursue funding and projects
- Champion provides a place to go - power in that position
- ACT Teams - continue - part of core services
- Revised version would go out for review
- Move to approve with changes - Charlie; Second - Ken; motion carried unanimously

NEXT STEPS

- Incorporate today's comments into Draft Framework and send to group for review - Marsha
- Flesh out framework with more detail - Margaret, Tony, Sharon B, Dick, Sara, Charlie, Marsha
- Status: Governors office staff (Jason and David) - Skip and Dick; Legislators - Skip and Margaret; Health Care Task Force - Skip and Margaret
- Take to ICSA to crosswalk language/develop recommendation - Sharon B (*come back to discuss)*

SCOPE OF PUBLIC OUTREACH

- Stakeholders - so here and now - hard to stimulate a forward look
- Crisis is an opportunity
- Communicate clearly - need for both top down and bottom up
- Outreach - secure the bottom up
- Background / update and frame discussion with focused questions - what does the regional design look like/confirm core services
- Suggestions
    - Endorsements to process/commitment (three branches/Governor)
    - Now you have the structure to talk to; bridge past to future
    - Identify local champions to sell to each other - with good understanding
    - What the question(s) that focuses the discussion?
- Prioritize getting framework done
- Can we find something to do that would help people now?

<u>Next steps</u>

- Generate list of stakeholders

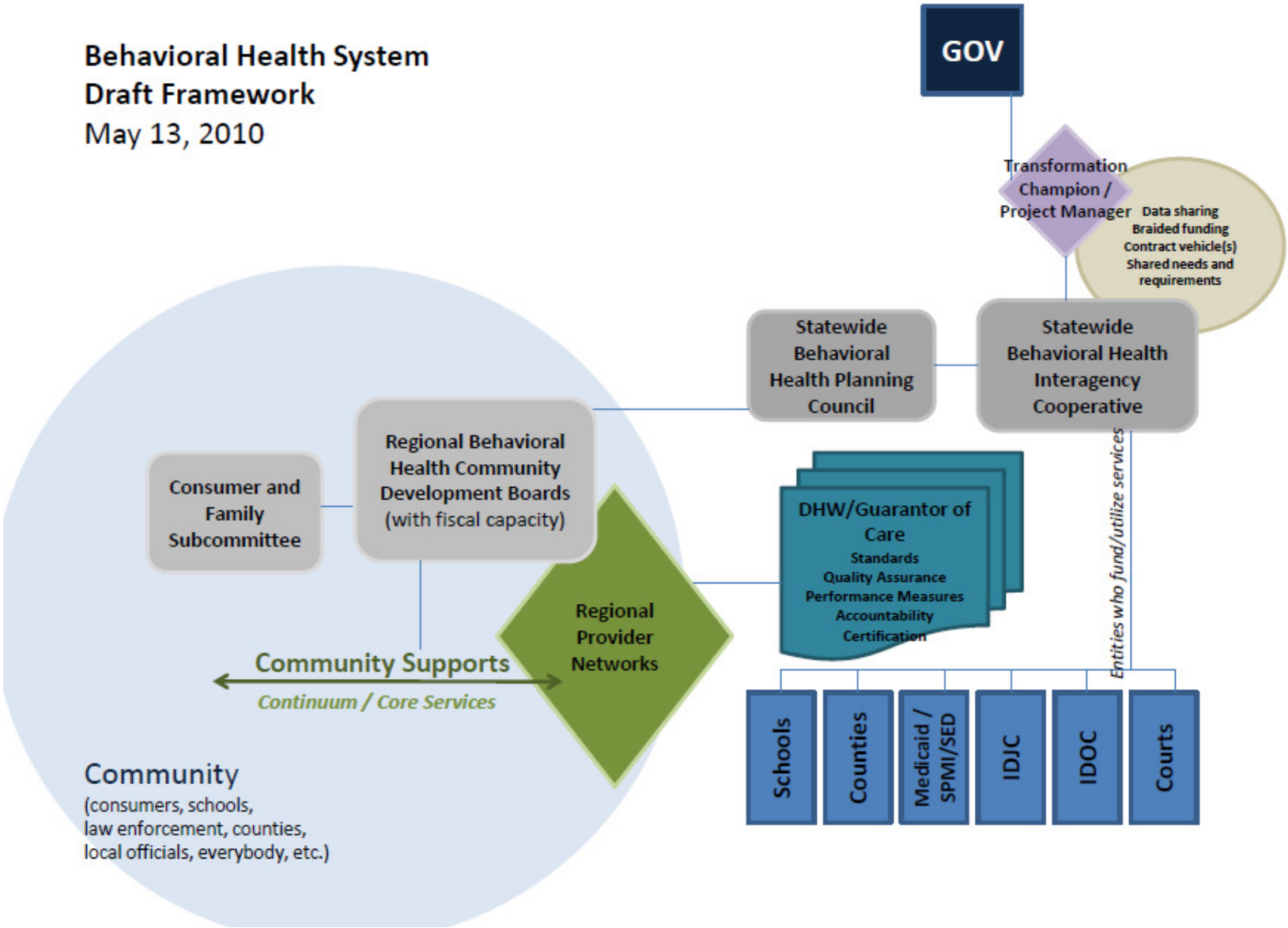
- Secure endorsements
- Organize sessions for valuable feedback to process
- Can we do some electronically? Generate a survey
- We have a deadline
- Do status report to Governor with final after public outreach
- Include consumers and family
- Have this group be presenters
- Confirm talking points and language
- Remains a draft framework through outreach process
- Use refined framework with tasks and emp0owerment
- Continue informational meetings at whatever stage we're at

Details

- Have someone create a model per the framework
    - time frames
    - key points
    - documentation
- Original proposal - scribes
- Wouldn't solely rely on RACS/RMHBs
- Feedback sheet that channels and aggregates
- Someone - not us - do the scribing
- Not much time
- Contract - standard framework
    - Standardize materials
    - Identify who we want feedback from
    - Structure - 3 questions
    - Be intentional
    - Face/face and survey - expert
- Write a contract with these deliverables
- Do pretty quick
- Get in writing and get encumbered
- Sharon/Sara
- Time - contract by mid June; process by end of July
- Point out consumer/family intersect in framework/structure

BHTWG RESOURCE NEEDS

- ? Contract initial champion (later, after Governor approves)
- ? Define legislature architecture - could do Cooperative in draft form
- ? General facilitation - extent contract through October
- identify what needs to be done
- Tony move/Margaret second
- Facilitation to ensure it gets done
- *(at this point Marsha asked to be excused from the meeting; Skip led discussion and Sara Stover scribed)*
- *Modified Motion:*
- One encumbrance/contract to include outreach, scribe and facilitation services, to conclude no later than 11/1/2010.


Behavioral Health System
Draft Framework
May 13, 2010
GOV
Transformation Champion / Project Manager
Data sharing
Braided funding
Contract vehicle(s)
Shared needs and requirements
Statewide Behavioral Health Planning Council
Statewide Behavioral Health Interagency Cooperative
Regional Behavioral Health Community Development Boards (with fiscal capacity)
Consumer and Family Subcommittee
DHW/Guarantor of Care
Standards
Quality Assurance
Performance Measures
Accountability
Certification
Regional Provider Networks
Community Supports
Continuum / Core Services
Entities who fund/utilize services
Schools
Counties
Medicaid / SPMI/SED
IDJC
IDOC
Courts
Community
(consumers, schools, law enforcement, counties, local officials, everybody, etc.)

REVISED DRAFT FRAMEWORK
MAY 13, 2010

This framework reflects revisions requested by the BHTWG on May 12, 2010 and has been adopted by the BHTWG via unanimous vote. This document will be further modified by the BHTWG to more fully articulate tasks and responsibilities of each of the structural elements described here.

The following framework is designed to drive and sustain the integration of substance abuse and mental health at all levels of planning and service delivery, and to position the state so that it can generate stakeholder confidence, system infrastructure, and the quantitative information required to generate a regionally-focused and driven delivery service system in a manner that maximizes purchasing power, provides for the application of consistent service standards statewide, and increases accessibility.

Vision

Idaho citizens and their families have appropriate access to quality services provided through the publicly funded mental health and substance abuse systems that are coordinated, efficient, accountable and focused on recovery.

Goals

1. Increase the availability of and access to quality services.
2. Establish a coordinated, efficient state and community infrastructure throughout the entire mental health and substance abuse system with clear responsibilities and leadership authority and action.
3. Create a comprehensive, viable region or local community delivery system.
4. Make efficient use of existing and future resources.
5. Increase accountability for services and funding.
6. Provide authentic stakeholder participation in the development, implementation and evaluation of the system.

Action Strategies

<u>Regional Behavioral Health Community Development Boards</u>

Explore with stakeholders the opportunities afforded them by generating *Regional Behavioral Health Community Development Boards* (combine RACS, RMHBs) that features representative participation from all counties in the region, law enforcement, schools, other key stakeholders, a Consumer Subcommittee representative, a medical professional representative from the Provider Network (at the time that network is functional), and a fiscal agent for grants/potential

contracts as appropriate (potentially the Public Health Districts). Ultimately, the proposed action would require legislation.

The Boards would:

- Focus on understanding and addressing substance use and mental health needs in their regions, leading the effort to integrate substance use and mental health service needs by planning for such in their communities and articulating their needs and priorities in an integrated context.
- Evaluate their community needs respective to core services/continuum of care and generate regionally-focused strategic plans to secure the environment and capacity they seek.
- Guide the development of regional provider networks by articulating their regional needs and priorities.
- Engage their region and communities in building capacity for community supports to help complete the continuum of care and core services available in region.
- Apply for and manage grants for community supports (peer supports, housing, any other community support that the region seeks).
- Participate in the regional provider network evaluation process and inform modifications to that arrangement.
- Engage consumers as active and meaningful partners at the local level to inform community development and regional direction through the formal establishment of a Consumer and Family Subcommittee to the Board.

Note: Articulate what is meant by "community," and "region" knowing that the "task" reflects on the size of the "community" and "region" it serves.

<u>State Behavioral Health Planning Council</u>

Expand through legislation the role of the State Mental Health Planning Council to also include substance abuse. The *State Behavioral Health Planning Council* would have a seat on the *Statewide Behavioral Health Cooperative* (see below), advocating for adults and children, collecting issues of shared concern among the Regional Boards and proposing solutions to those issues for consideration by the Cooperative as appropriate.

<u>Statewide Behavioral Health Interagency Cooperative</u>

Develop through legislation a *Statewide Behavioral Health Interagency Cooperative* to actively coordinate the transformation of the behavioral health system on behalf of their respective and collective consumers needs (recognizing also that they share consumers) and their respective agency requirements. This group would be activated concurrent with a sunset of ICSA.

The Cooperative would be a small, action-oriented group comprised of government entities that are purchasers and users of services, including the State Department of Education,

Counties, and Executive and Judicial branches of government. A representative from the *State Behavioral Health Planning Council* would also sit on the Cooperative. Each participant on the group would assume shared responsibility to accomplish tasks that achieve transformation. The Cooperative would:

- Convene an interagency subcommittee of this group to collect data needs and requirements and propose how data can be effectively coordinated/cross-walked across agencies (leveraging and capitalizing on good systems that exist and are under development rather than developing new). The objective is to provide each agency the confidence that their data needs can be met in an environment where funding is braided and services are contracted to meet statewide standards.
- Quantify total state expenditures across entities in a manner that positions payers to secure maximum purchasing power, with a goal to maximize the amount of dollars going into services. Share financial information with regional boards so that they can provide informed input about their needs and priorities within the context of an environment where funding is braided and services are contracted to meet consistent standards.
- Articulate and collect the various needs and requirements of the various entities to ensure they are being met through the transformation structure and that they can honor their respective reporting requirements. Use the shared information to identify opportunities for efficiencies and coordination.
- Confirm a shared understanding of service standards developed by DHW, which operates as a guarantor of care and who will monitor for performance based on consistent service standards statewide.

Note: Medicaid's involvement in the Cooperative is assumed in the description of participants. Because its significance was mentioned repeatedly during the May 12 meeting, this note is provided to emphasize that specific intent.

<u>Transformation Champion/Project Manager</u>

A *Transformation Champion/Project Manager* who reports directly to the Governor would be appointed and have responsibility and authority for the daily, operational activities to achieve transformation throughout regions, agencies and systems. This person/office would specifically support and manage the coordinated transformation work of the *State Behavioral Health Interagency Cooperative*. The Champion's would bring skills to include:

- Being a systems thinker with meaningful understanding of the service delivery system
- Having contractual/fiscal understanding
- Being a highly skilled project manager
- Having a sensitivity for local, human service, and judicial needs, systems and challenges
- Being a problem solver

Furthermore, this champion would have the confidence, trust, credibility and respect of all entities on the cooperative and have the capacity to ensure their equal and equitable participation in the transformation process. It would be the Champion's responsibility to:

- Focus exclusively on managing and achieving the transformation vision and goals and implementing the BHTWG and Cooperative strategies
- Support and see to completion the responsibilities of the Cooperative, with the specific objective to generate a regionally-focused and driven delivery service system in a manner that maximizes stakeholders' purchasing power, provides for the application of consistent service standards statewide, and increases accessibility.
- Facilitate regional empowerment while honoring entity and agency roles, responsibilities and accountabilities
- Ensure the inputs and requirements of the regional boards and the Cooperative are effectively used to guide the development of regional provider networks which deliver services with consistent standards.

Guarantor of Care

The *Department of Health and Welfare* would continue to assume its responsibility as the *Guarantor of Care* and for quality assurance by helping the state to situate itself in preparation for generating a service delivery system with consistent service standards statewide for use in a braided funding environment. The Guarantor would manage for evidence and outcome based performance measures required of providers participating regional provider networks. DHW would

- Articulate standards of service with statewide applicability.
- Articulate and monitor for performance measures.
- Generate and implement a provider certification process.
- Explore and if possible secure a Medicaid Waiver.
- Facilitate the data reporting process to enable the regional boards to respond/adjust at a regional level and to confirm others needs are being met as contracted.

Regional Provider Networks

This framework is specifically designed to support Regional Provider Networks which offer services which meet consistent standards statewide and are paid through a braided funding environment to maximize purchasing power in a manner that makes the most possible money available to service delivery. Each Regional Provider Network would be characterized by the regional needs and priorities as articulated by the Regional Boards and would be a component of the array of core services each region works do develop. The Regional Provider Networks would:

- Provide outcomes/evidence based services.
- Provide for an array of the core services funded through the braided funding environment.
- Be a partner in the community working to foster a strong, community based resource.
- Have a medical professional representative participate on the Regional Board .
- Be incentivized for providing quality/community based care.